

CHARTER

COUNCIL ON GRADUATE MEDICAL EDUCATION

Authority

The Council is governed by the provisions of Public Law 92-463, as amended, 5 U.S.C. Appendix 2, which sets forth the standards for the formation and use of advisory committees. The Council was originally authorized in 1986 for ten years. The "Health Professions Education Partnerships Act of 1998," redesignated the authority for the Council as Section 762 of Part E of Title VII of the Public Health Service Act (42 U.S. Code 294o), as amended by Section 5103 of the Patient Protection and Affordable Care Act, signed into law in March 2010. Since 2002, with the expiration of the multi-year re-authorization contained in the Health Professions Education Partnerships Act of 1998, the Council has been authorized through annual appropriations. Section 216 of the most recent appropriations act (P.L. 111-117), as in past years, included the following statement, "Notwithstanding any other provisions of law, funds made available in this Act may be used to continue operating the Council on Graduate Medical Education established by section 301 of Public Law 102-408."

Objectives and Scope of Activities

The Secretary is charged under Title VII of the Public Health Service Act with responsibility for taking national leadership in the development of programs addressed to graduate medical education and in the research, development, and analysis of programs that impact on the health workforce needs of this Nation. Section 762 of Part E of Title VII establishes this Council, and charges it with assessing physician workforce needs on a long term basis, recommending appropriate Federal and private sector efforts necessary to address these needs, and providing a forum to enable appropriate consideration of these needs.

Description of Duties

(1) Provide advice and make policy recommendations to the Secretary of Health and Human Services, the Committee on Health, Education, Labor and Pensions of the Senate, and the Committee on Energy and Commerce of the House of Representatives, with respect to: (A) the supply, and distribution of physicians in the United States; (B) current and future shortages or excesses of physicians in medical and surgical specialties and subspecialties; (C) issues relating to foreign medical school graduates; (D) appropriate Federal policies with respect to the matters specified in subparagraphs (A), (B), and (C), including policies concerning changes in the financing of undergraduate and graduate medical education programs and changes in the types of medical education training in graduate medical education programs; (E) appropriate efforts to be carried out by hospitals, schools of medicine, schools of osteopathic medicine, and accrediting bodies with respect to the matters specified in subparagraphs (A), (B), and (C), including efforts for changes in undergraduate and graduate medical

education programs; (F) deficiencies in, and needs for improvements in, existing data bases concerning the supply and distribution of, and postgraduate training programs for, physicians in the United States and steps that should be taken to eliminate those deficiencies; and

(2) Encourage entities providing graduate medical education to conduct activities to voluntarily achieve the recommendations of the Council under (E);

(3) Develop, publish, and implement performance measures for programs under Title VII of the PHS Act, except for programs under Part C or Part D of Title VII;

(4) Develop and publish guidelines for longitudinal evaluations (as described in section 761(d)(2)) for programs under PHS Act, Title VII, except for programs under Part C or Part D of that title; and

(5) Recommend appropriation levels for programs under PHS Act, Title VII, except for programs under Part C or Part D of that title.

Agency or Official to Whom the Council Reports

The Council on Graduate Medical Education is authorized to provide advice and make policy recommendations to the Secretary of Health and Human Services and to the Committee on Health, Education, Labor and Pensions of the Senate, and the Committee on Energy and Commerce of the House of Representatives.

Support

The Bureau of Health Professions of the Health Resources and Services Administration is responsible for providing necessary support for the Council.

Estimated Annual Operating Costs and Staff Years

Estimated annual cost for operating the Council, including compensation and travel expenses for members, but excluding staff support, is \$180,049. Estimated direct staff support required is 1.25 Full-Time Equivalent (FTE) employees, at an estimated annual cost of \$145,771.

Designated Federal Officer

HRSA will select a full-time or permanent part-time Federal employee to serve as the Designated Federal Official (DFO) to attend each Council meeting and ensure that all procedures are within applicable, statutory, regulatory, and HHS General Administration Manual directives. The DFO will approve and prepare all meeting agendas, call all of the Council or subcommittee meetings, adjourn any meeting when the DFO determines adjournment to be in the public interest, and chair meetings when directed to do so by the official to whom the Council reports. The DFO or his/her designee shall be present at all meetings of the full Council and subcommittees.

Estimated Number and Frequency of Meetings

Meetings shall be held approximately twice per year. Meetings shall be open to the public except as determined otherwise by the Secretary or designee in accordance with the Government in the Sunshine Act 5 U.S.C. 552b(c) and the Federal Advisory Committee Act. Notice of all meetings shall be given to the public. Meetings shall be conducted, and records of the proceedings kept, as required by applicable laws and departmental regulations.

Duration

The Council operates through annual appropriations of Congress.

Termination

The Council's duration is not governed by Section 14(a) of the Federal Advisory Committee Act, but is otherwise provided for by law. This charter will expire on September 30, 2012, subject to availability of appropriations for 2011.

Membership and Designation

The Council is composed of 17 members: (1) the Assistant Secretary for Health or the designee of the Assistant Secretary; (2) the Administrator of the Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration); (3) the Chief Medical Director of the Department of Veterans Affairs; (4) six members appointed by the Secretary to include representatives of practicing primary care physicians, national and specialty physician organizations, foreign medical graduates, and medical student and house staff associations; (5) four members appointed by the Secretary to include representatives of schools of medicine, osteopathy medicine and public and private teaching hospitals; and (6) four members appointed by the Secretary to include representatives of health insurers, business, and labor.

The Secretary, in appointing the 14 non-Federal members, ensures a broad geographic representation of members, a balance between urban and rural educational settings, and an adequate representation of women and minorities. Members are appointed based on their competence, interest, and knowledge of the mission of the Council. All members are Special Government Employees (SGEs).

Members of the Council appointed under (4), (5) and (6) above are appointed for a term of four years. Members of the Council may serve after the expiration of their term until their successors have taken office.

The Council elects one of its members as Chair and one of its members as Vice Chair of the Council. Nine members of the Council constitute a quorum, but a lesser number may hold hearings. Any vacancy in the Council does not affect its power to function.

Subcommittees

The Advisory Council has no subcommittees.

Recordkeeping

The records of the Advisory Committee, or other subgroups of the Council, are handled in accordance with General Records Schedule 26, Item 2 or other approved agency records disposition schedule. These records are available for public inspection and copying, subject to the Freedom of Information Act, 5 U.S.C. 552.

Filing Date

September 30, 2010

Approved:

Date

Wendy Ponton
Director, Office of Management